



## Medicaid Advisory Committee *Meeting Minutes* November 12, 2015

### **Members Present**

*Chairperson Matthew Brooks, Director Joe Moser, Dr. Leila Alter, Michael Colby, Brian Hart, Herb Hunter, Edward Liechty, Blayne Miley, Michael Phelps, Michelle Stoughton, Brian Taylor, Mike Reinbolt, Kimberly Williams, Erin Wernert, Mark Scherer, Jerry Key, Senator Patricia Miller*

### **I. Opening Comments**

Chairperson Brooks opened the meeting of the Medicaid Advisory Committee (MAC). He welcomed the members.

### **II. Review of Minutes – August 6, 2015**

The August 6, 2015 drafted minutes were approved.

### **III. MAC Updates**

Chairperson Matt Brooks asked committee members to share legislative proposals they are working on for the upcoming legislative session. Director Moser shared two legislative clean up items OMPP is looking to correct in the next session regard references that were outdated or erroneous. One was the term mental retardation as it was stricken from Indiana code in several places but not others. Also, the Indiana Code references the Children's Health Insurance Program being run by the Office of Children's Health Insurance Program instead of OMPP. There has never been an Office of Children's Health Insurance Program. FSSA will be seeking to clean up these matters in the statute in the upcoming session. Several committee members referenced legislation their groups would be pursuing. Matt Brooks indicated he would be pursuing legislation to improve access to mental health services and assess behavioral health workforce issues.

### **IV. MMIS Update**

Shane Hatchett, Deputy Medicaid Director, stated that the state will not be implementing the new CoreMMIS system on December 29 as previously planned. Instead, the state will continue to test the new system and when the system meets certain performance standards, then the state will approve implementation and provide providers with sufficient notice.

The new Web Interchange will allow providers to submit fee-for-service prior authorizations with attachments and will be completely web based. Providers will need to register with the new system as their registration will not carry over from Indiana AIM. Registration opens January 2016. He stated that providers will need to register before the new system goes live. Shane also stated providers can sign up for banners and bulletins to continue to be aware of upcoming changes.

Shane stated that there have been weekly meetings with HP to facilitate a successful transition to the new system. They are working on ways to shorten the dark-out period where certain functions in the system are inaccessible. Shane said that he would like individuals to start making



preparations to plan for the dark-out periods, which could be up to 45 days. He said that there will be training provided and it will be web based. Providers should proceed with signing up with the training session to prepare themselves for implementation.

## **V. Formal Policy Consideration**

Michael Cook on the OMPP staff gave a presentation on the Formal Policy Consideration Process. This PowerPoint is located on the MAC Webpage on the FSSA Website. Michael stated that the OMPP policy consideration process consists of the receipt of the request, research, evaluation, leadership approval, implementation, and post implementation analysis. The acknowledgement of the receipt of the request has a 48 hour turnaround, the research step has a 2 week turn around, the evaluation process has a 6 week turnaround, and the implementation has a 3 month to 1 year turnaround. The post implementation analysis will be done 6 months to 1 year after the effective date. The plans for 2016 are to study advanced imaging utilization, genetic testing, update the physical therapy policy, clarify transportation policies, and do behavioral/primary health integration.

## **VI. FSSA Updates**

Joe Moser, Medicaid Director, announced Medicaid has a new Provider Relations Director, Tatum Miller. He stated Tatum Miller will be a great resource to the committee and public members. Scott Gartenman, previous Provider Relations Director, has been promoted to the FSSA Office of General Counsel.

OMPP has changed policy to allow Advanced Practice Nurse rounding in mental health departments of hospitals to allow them to be separately reimbursed. This was a policy first requested and discussed at a MAC meeting in 2014. There has also been a request to consider allowing nurse practitioners to take primary care panels. OMPP has decided to grant this request. Nurse practitioners would be limited to a primary care panel of 500 patients and require them to enroll in order to take the panel. Nurse practitioners would need to be employed at a facility to take a panel and their panels would indicate they are anchored to a facility. If the nurse practitioner left the facility, the member would be reassigned to another provider panel at that facility. OMPP views this as a key component to increasing access closer to members' homes. Improving access to primary care panels is important given the recent coverage expansion in HIP 2.0.

Director Moser invited members of the committee and the public to a Long-Term Care Rebalancing Forum on December 16, 2015 from 9:30-4:30 at the University of Indianapolis. National experts and other states will talk about their experience with rebalancing long-term care Medicaid expenditures in other states. The goal of the project will be to ensure that every senior is able to receive care in the setting of their choice. Indiana ranks next to last in the country, just ahead of Mississippi, in the amount spent on home care versus institutional care.

The HIP and Hoosier Healthwise MCE RFP was released on October 5, 2015 for the two programs. The proposal deadline is 1/7/16 and the announcement of who is awarded contracts will be June of 2016. Some key changes to the contract are:

- The new contracts will award 5% of the health plans payment based on quality instead of 2%
- Default auto assignment logic will be tied to quality outcomes to award more members to the best performing plans
- Dental and pharmacy benefits will be included in the contracts for Hoosier Healthwise.

Director Moser talked about the impact of the Medicare Part B premium increase planned for 2016. Part B premiums were set to increase from \$106 to \$159, a 59% increase. This would have been an additional \$40.7 million cost to Indiana Medicaid. This is a significant additional cost that was not budgeted. Congress recently passed legislation to decrease the premium from \$159

to \$123, although this will still increase costs to Indiana Medicaid \$15.1 million versus \$40.7 million. Director Moser had sent a letter to Indiana's Congressional Delegation explaining this unanticipated cost to Indiana Medicaid and asking for relief.

The state is exploring pursuing an 1115 waiver for substance use disorders as part of the Governor's drug task force efforts to combat opioid addiction. Indiana Medicaid is looking at what services are covered for addiction and what could be added through the waiver.

**VII. Public Comments**

Charlie Hiltunen asked about the status of the Medicaid tobacco cessation rule. OMPP staff indicated that the rule was still pending approval from the necessary state agencies.

Caitlin Priest stated that navigator capacity needed to be increased to enroll more eligible Hoosiers into HIP 2.0. She indicated she will be working with other groups to address this in the upcoming legislative session.

**VIII. 2016 MAC Meetings**

February 26, 2016 in Conference Room C